

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF VIRGINIA

Case number (if known): _____ Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Kevin First Name Joseph Middle Name McTyre Last Name _____ Suffix (Sr., Jr., II, III)	Andrea First Name Leanne Middle Name McTyre Last Name _____ Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	_____ First Name _____ Middle Name _____ Last Name	Andrea First Name Leanne Middle Name Dewitt Last Name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 3 7 5 0 OR 9xx - xx - _____	xxx - xx - 6 9 9 0 OR 9xx - xx - _____
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	<input checked="" type="checkbox"/> I have not used any business names or EINs. _____ Business name _____ Business name _____ Business name	<input checked="" type="checkbox"/> I have not used any business names or EINs. _____ Business name _____ Business name _____ Business name

Debtor 1 **Kevin Joseph McTyre**
Debtor 2 **Andrea Leanne McTyre**

Case number (if known) _____

About Debtor 1:

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

EIN _____

EIN _____

5. Where you live

1291 Cartersville Road

Number Street

Cartersville VA 23027

City State ZIP Code

Cumberland

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7

☐ Chapter 11

☐ Chapter 12

☒ Chapter 13

Debtor 1 **Kevin Joseph McTyre**
Debtor 2 **Andrea Leanne McTyre**

Case number (if known) _____

8. **How you will pay the fee**
- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.
9. **Have you filed for bankruptcy within the last 8 years?**
- ☐ No
- ☒ Yes.
- District **Denver, CO Ch 7 Wife only** When **04/09/2013** Case number **13-15672-ABC**
MM / DD / YYYY
- District **Denver, CO Ch 7 Husband only** When **08/20/2013** Case number **13-24272-ABC**
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- ☒ No
- ☐ Yes.
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known
11. **Do you rent your residence?**
- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Kevin Joseph McTyre**
 Debtor 2 **Andrea Leanne McTyre**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?
- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

 Name of business, if any

 Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

 City

 State

 ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

 Number Street

 City

 State

 ZIP Code

Debtor 1 **Kevin Joseph McTyre**
Debtor 2 **Andrea Leanne McTyre**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

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☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Kevin Joseph McTyre**
Debtor 2 **Andrea Leanne McTyre**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
-
17. Are you filing under Chapter 7?
- ☒ No. I am not filing under Chapter 7. Go to line 18.
- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
☐ Yes
18. How many creditors do you estimate that you owe?
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
19. How much do you estimate your assets to be worth?
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
20. How much do you estimate your liabilities to be?
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Kevin Joseph McTyre

Kevin Joseph McTyre, Debtor 1

Executed on **11/27/2018**

MM / DD / YYYY

X /s/ Andrea Leanne McTyre

Andrea Leanne McTyre, Debtor 2

Executed on **11/27/2018**

MM / DD / YYYY

Debtor 1 **Kevin Joseph McTyre**
Debtor 2 **Andrea Leanne McTyre** Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Heidi Shafer for Cox Law Group, PLLC Date **11/27/2018**
Signature of Attorney for Debtor MM / DD / YYYY

Heidi Shafer for Cox Law Group, PLLC

Printed name

Cox Law Group, PLLC

Firm Name

900 Lakeside Drive

Number Street

Lynchburg

City

VA

State

24501-3602

ZIP Code

Contact phone **(434) 845-2600** Email address **heidi@coxlawgroup.com**

48765

Bar number

State

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

IN RE: **Kevin Joseph McTyre**
Andrea Leanne McTyre

CASE NO

CHAPTER **13**

COVERSHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors, which consists of 8 page(s), is true, correct and complete to the best of my knowledge.

Date 11/27/2018

Signature /s/ Kevin Joseph McTyre
Kevin Joseph McTyre

Date 11/27/2018

Signature /s/ Andrea Leanne McTyre
Andrea Leanne McTyre

Aaron's
1828 Perry Drive
Farmville, VA 23901

Afni, Inc
PO Box 3427
Bloomington, IL 61702

American Anesthesiology
PO Box 120153
Grand Rapids, MI 49528

Anthem *
PO Box 3047
Roanoke, VA 24030-0000

Asset Recovery Solutions, LLC
2200 E. Devon Avenue, Ste. 200
Des Plaines, IL 60018

Auto Connection
5300 Midlothian Turnpike
Richmond, VA 23225

Belco Community Credit Union
449 Eisenhower Blvd.
Harrisburg, PA 17111

Bon Secours
Richmond Health System
PO Box 11302
Richmond, VA 23233-0000

Bon Secours Sleep Disorders Center
PO Box 14099
Belfast, ME 04915

Capital One
Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130

Cashnet USA
175 W. Jackson Blvd., Ste. 1000
Chicago, IL 60604

Check City
2729 West Broad Street
Richmond, VA 23220

CJW Medical Center
c/o Focused Recovery Solutions
9701-Metropolitan Ct STE B
North Chesterfield, VA 23236

CJW Medical Center
Chippenham Hospital
7101 Jahnke Road
Richmond, VA 23225

CMG Farmville
PO Box 14099
Belfast, ME 04915

Comenity Bank
c/o Portfolio Recovery
PO Box 41021
Norfolk, VA 23541

Comenity Bank
PO Box 182125
Columbus, OH 43218

Commonwealth Radiology, PC
1508 Willow Lawn Drive, Ste. 117
Richmond, VA 23230

Credit Acceptance
25505 West 12 Mile Rd
Suite 3000
Southfield, MI 48034

Credit One Bank
c/o Midland Funding
2365 Northside Dr Ste 300
San Diego, CA 92108

Credit One Bank*
PO Box 98873
Las Vegas, NV 89193

CU Recovery
26263 Forest Blvd
Wyoming, MN 55092

Cumberland County Treasurer's Office
L.O. Pfeiffer, Jr., Treasurer
P.O. Box 28
Cumberland, VA 23040-0000

Dept of Ed / Navient
Attn: Claims Dept
PO Box 9635
Wilkes Barr, PA 18773

Directv ***
BKR Plain
PO Box 6550
Greenwood Village, CO 80155

Dominion Electric, II
P.O. Box 26666
Richmond, VA 23290-0000

Dominion Energy Virginia
c/o CBE Group
Attn: Bankruptcy
1309 Technology Parkway
Cedar Falls, IA 50613

First Premier Bank
Attn: Bankruptcy
PO Box 5524
Sioux Falls, SD 57117

First Virginia
c/o Plaza Services, Llc
Attn: Bankruptcy
110 Hammond Dr. Ste 110
Atlanta, GA 30328

First Virginia

Focused Recovery Solutions
9701 Metropolitan Ct. STE B
Richmond, VA 23236-3662

Gastrointestinal Specialists
2369 Staples Mill Road, Suite 200
Richmond, VA 23230

Green Pine Lending
15524 SE Mill Plain Blvd., Ste. 200
Vancouver, WA 98684

Green Trust Cash
PO Box 340
Hays, MT 59527

Internal Revenue Service***
P O Box 7346
Philadelphia, PA 19101

James River Emergency Group, LLC
PO Box 14099
Belfast, ME 04915

Jefferson Capital Services
PO Box 953185
Saint Louis, MO 63195

Lab Corp
Attn: Research Dept.
PO Box 2240
Burlington, NC 27216-2240

Masseys
128 W. River Street
Chippewa Falls, WI 54729-0000

Maurices
PO Box 659708
San Antonio, TX 78265-9705

Michael Wayne Investments
PO Box 8730
Virginia Beach, VA 23450-8730

Mobiloansllc
P.O. Box 1409
Marksville, LA 71351

MSW Capital, LLC
C/O David Gouger, PC
7834 Forest Hill Avenue
Richmond, VA 23225

NPAS, Inc
PO Box 99400
Louisville, KY 40269

Penn Credit
PO Box 988
Harrisburg, PA 17108

Portfolio Recovery Assoc., Inc.
PO Box 12914
Norfolk, VA 23541-0000

Powhatan Med Assoc-A Dept of SFMC
PO Box 14000
Belfast, ME 04915

Premier Bankcard
PO Box 2208
Vacaville, CA 95696-0000

Prestige Financial Svc
Attn: Bankruptcy
351 W Opportunity Way
Draper, UT 84020

Professional Recovery Consultants
2700 Meridian Pkwy Ste 200
Durham, NC 27713-2204

Progressive Leasing
256 West Data Drive
Draper, UT 84020

Radiology Assoc Of Richmond
PO Box 13343
Richmond, VA 23225-0000

Richmond Emergency Physicians
PO Box 808
Grand Rapids, MI 49518

Roberts Home Medical
2010 Tate Springs Road
Lynchburg, VA 24501-0000

RPM
20816 44th Ave. W
Lynnwood, WA 98036

Schewel Furniture
Pob 2040
Appomattox, VA 24522

Shafer Law Firm
2000 Riveredge Parkway, Ste. 590
Atlanta, GA 30328

Solodar & Solodar
4825 Radford Avenue, Ste. 201
Richmond, VA 23230

Speedycash.com 169-VA
c/o Ad Astra Recovery
7330 West 33rd Street North STE 118
Wichita, KS 67205

Sprint
c/o ERC/Enhanced Recovery Corp
Attn: Bankruptcy
8014 Bayberry Road
Jacksonville, FL 32256

Sprint
PO Box 8077
London, KY 40742-0000

Sprint
6360 Sprint Parkway
Overland Park, KS 66251-0000

St Francis Medical Center
P O Box 404893
Atlanta, GA 30384

St. Mary's Hospital
5801 Bremono Road
Richmond, VA 23226

Swedish Medical Center
PO Box 99400
Louisville, KY 40269

The Rahman Group
8002 Discovery Drive Ste. 306
Richmond, VA 23229

Va Department Of Taxation*
Taxing Authority Consulting Services, PC
PO Box 2156
Richmond, VA 23218-0000

Verizon
Professional Bureau of Collections of MD
Attn: Bankruptcy
5295 DTC Parkway
Greenwood Village, CO 80111

Verizon****
500 Technology Dr. # 550
Weldon Spring, MO 63304-2225

Virginia Eye Institute
400 Westhampton Station
Richmond, VA 23226

Wells Fargo Bank
PO Box 10347
Des Moines, IA 50306-0347

Zoca Loans
PO Box 1147
27565 Research Park Drive
Mission, SD 57555